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12-16-99  
APTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	042390.P6958	
First Inventor or Application Identifier	Anne E. Miller	
Title	HIGH pH SLURRY FOR CHEMICAL MECHANICAL POLISHING OF	
Express Mail Label No.	EL034432535US	

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

- Fee Transmittal Form  
*(Submit an original, and a duplicate for fee processing)*
- Specification [Total Pages 21]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
- Oath or Declaration [Total Pages 3]
  - a.  Newly executed (original copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
*(for continuation/divisional with Box 16 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

**ADDRESS TO:**  
 Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

5.  Microfiche Computer Program *(Appendix)*
6. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
  - a.  Computer Readable Copy
  - b.  Paper Copy *(identical to computer copy)*
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
9.  English Translation Document *(if applicable)*
10.  Information Disclosure Statement (IDS)/PTO - 1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
13.  \*Small Entity  Statement filed in prior application, Statement(s) Status still proper and desired
14.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
15.  Other: .....  
.....  
.....

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**
 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or	<input checked="" type="checkbox"/> Correspondence address below		
Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP					
Address	12400 Wilshire Boulevard, Seventh Floor					
City	Los Angeles	State	California	Zip Code	90025	
Country	U.S.A.	Telephone	(503) 684-6200	Fax	(503) 684-3245	

Name (Print/Type) Gregory D. Caldwell, Reg. No. 37,926

Signature

Date 12/14/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (2/98)

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## FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
These are the fees effective October 1, 1997.  
Small Entity payments must be supported by a small entity  
statement, otherwise large entity fees must be paid. See  
Forms PTO/SB/09-12.  
See 37 C.F.R §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$ 964.00

### Complete if Known

Application Number	10154209
Filing Date	December 14, 1999
First Named Inventor	Anne E. Miller
Examiner Name	
Group/Art Unit	511
Attorney Docket Number	042390.P6958

### METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

Charge Any Additional Fee Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  Charge the Issue Fee Set in 37 CFR § 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)

2.  Payment Enclosed:

Check  Money Order  Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code	Code	\$	\$	\$		
101	760	201	380	Utility filing fee	\$760.00	
106	310	206	155	Design filing fee		
107	480	207	240	Plant filing fee		
108	760	208	380	Reissue filing fee		
114	150	214	75	Provisional filing fee		
<b>SUBTOTAL (1)</b>		(\$ 760.00)				

#### 2. EXTRA CLAIM FEES

Total Claims	27	-	20	=	7	X	18.00	=	\$126.00
Independent Claims	4	-	3	=	1	X	78.00	=	\$78.00
Multiple Dependent									

#### Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	Code	\$	\$	
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple Dependent claim, if not paid
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$ 204.00)		

\* Reduced by Basic Filing Fee Paid

> **SUBTOTAL (3)**

(\$ )

### Complete (if applicable)

Submitted By	Gregory D. Caldwell, Reg. No. 39,926	Complete (if applicable)
Typed or Printed Name		Reg. Number
Signature		Date 12/14/99
		Deposit Account User ID 02-2666

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.